



Gypsy Moth Slow the Spread Foundation
State Application For Assistance
 (Non-Construction)

Applicant Identifier
Federal Identifier

1. APPLICANT INFORMATION																
Legal Name	Organizational Unit															
Address (give city, county, state, and zip code):	Name and telephone number of the person to be contacted on matters involving this application (give area code) _____															
2. EMPLOYER IDENTIFICATION NUMBER (EIN): <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>												3. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/>				
4. TYPE OF APPLICATION <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, check appropriate box (es): <input type="checkbox"/> Increase Award <input type="checkbox"/> Decrease Award <input type="checkbox"/> Increase Duration <input type="checkbox"/> Decrease Duration <input type="checkbox"/> Other (specify): _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. State</td> <td style="width: 50%;">H. Independent School Dist.</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify):</td> </tr> </table>		A. State	H. Independent School Dist.	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify):
A. State	H. Independent School Dist.															
B. County	I. State Controlled Institution of Higher Learning															
C. Municipal	J. Private University															
D. Township	K. Indian Tribe															
E. Interstate	L. Individual															
F. Intermunicipal	M. Profit Organization															
G. Special District	N. Other (Specify):															
6. AREAS AFFECTED BY PROJECT (Cities, counties, states, etc.): _____	5. Descriptive Title of Applicant's Project: _____															
7. PROPOSED PROJECT:	8. CONGRESSIONAL DISTRICTS OF:															
Start Date	Ending Date	a. Applicant														
		b. Project														
9. ESTIMATED FUNDING:	10. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?															
a. Federal	\$.00														
b. Applicant	\$.00														
c. State	\$.00														
d. Local	\$.00														
e. Other	\$.00														
f. Program Income	\$.00														
g. TOTAL	\$.00														
a. X YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																
11. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?																
<input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No																
12. TO THE BEST OF MY KNOWLEDGE AND BELIF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED																
a. Typed Name of Authorized Representative	b. Title	c. Telephone number														
d. Signature of Authorized Representative		e. Date Signed														

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$	\$	\$	\$	\$ 0.00
2.						0.00
3.						0.00
4.						0.00
5. TOTALS		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories							
a. Personnel (List each position by title and name if available. Show the hourly rate and hours devoted to the project)					Total Costs	Foundation Portion	State Portion
Permanent Staff (Title/Name)	Wage	X	Hrs		\$	\$	\$
16 - Permanent Staff (at an average rate)					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
Temporary Personnel (# of Employees/Titles)	Wage	X	Hrs		\$	\$	\$
25 - Trappers					\$	\$	\$
10 - Trappers					\$	\$	\$
6 - Leads					\$	\$	\$
10 - Temporary Personnel					\$	\$	\$
Total Personnel Costs:					\$ 0.00	\$	\$
b. Fringe Benefits (Actual known costs or established formula)					Total Costs	Foundation Portion	State Portion
Permanent Staff		X			\$	\$	\$
Temporary Personnel		X			\$	\$	\$
					\$	\$	\$
Total Fringe Benefits:					\$	\$	\$

c. Travel				Total Costs	Foundation Portion	State Portion
Mileage	X	Rate	\$	\$0.00	\$	\$
Lodging	X	Rate	\$	\$0.00	\$	\$
Meals	X	Rate	\$		\$	\$
Permanent Staff Travel			\$			
Out of State Travel	# of Nights	X	Per Diem	\$	\$	\$
			Total Travel:	\$ \$0.00	\$	\$
d. Equipment (Items over \$ 5,000.00 or List non-expendable items/ your organization's capitalization policy for classification of equipment should be used)				Total Costs	Foundation Portion	State Portion
			\$	\$	\$	\$
			Total Equipment:	\$	\$	\$
e. Supplies (List items by type and show the basis for computation)				Total Costs	Foundation Portion	State Portion
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			Total Supplies:	\$ \$0.00	\$	\$
f. Contractual (Provide a description of the product or services to be procured by contract and an estimate of the cost.)				Total Costs	Foundation Portion	State Portion
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			Total Contractual:	\$ \$0.00	\$	\$
h. Other (List items - rent, telephone, ect. by major type and the basis of the computation.)				Total Costs	Foundation Portion	State Portion
Communication			\$	\$	\$	\$
Advertisements, Rental, Misc.			\$	\$	\$	\$
			\$	\$	\$	\$
			Total Other:	\$ \$0.00	\$	\$
i. Total Direct Charges (sum of 6a - 6h):				\$ \$0.00	\$ \$0.00	\$ \$0.00
j. Indirect Charges (Allowed only if the applicant has a federally approved indirect cost rate.):				\$	\$	\$ \$0.00
k. TOTALS (sum of 6i and 6j):				\$ \$0.00	\$ \$0.00	\$ \$0.00
7. Program Income				\$	\$	\$

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	\$	\$	\$	\$ \$0.00
9.				\$0.00
10.				\$0.00
11.				\$0.00
12. TOTALS (sum of lines 8 and 11)	\$ \$0.00	\$ \$0.00	\$ \$0.00	\$ \$0.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$ \$0.00	\$ \$0.00	\$	\$
14. NonFederal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15. TOTAL (sum of lines 13 and 14)	\$ \$0.00	\$ \$0.00	\$ \$0.00	\$ \$0.00	\$ \$0.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	\$	\$	\$	\$
17.				
18.				
19.				
20. TOTALS (sum of lines 16 - 19)	\$ \$0.00	\$ \$0.00	\$ \$0.00	\$ \$0.00

SECTION F - OTHER BUDGET INFORMATION

(Attach additional Sheets if Necessary)

21. Direct Charges:	22. Indirect Charges:
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23. Remarks